

IN THE UNITED DISTRICT COURT FOR THE WESTERN DISTRICT OF
PENNSYLVANIA

DAVID BIEBEL,)	ERIE DIVISION
)	
PLAINTIFF,)	CIVIL ACTION NO. 05-10
)	
vs.)	
)	
KOHL'S DEPARTMENT STORE,)	
)	
DEFENDANT,)	
)	
)	

PLAINTIFF'S PRE-TRIAL NARRATIVE STATEMENT

AND NOW, come the Plaintiff, David Biebel, by and through counsel undersigned, Kevin W. Barron, Esquire with the following Pre-Trial Narrative Statement:

I. STATEMENT OF FACTS

On June 29, 2004 Plaintiff tripped over a shoe measuring device at the defendant's department store. Suit was originally filed in the Erie County Court of Common Pleas on November 23, 2004. On January 11, 2005 defense counsel filed a Notice of Removal to have this action transferred to this Court.

II. LIABILITY

Defendant, Kohl's Department Store, was negligent in failing to assure that the aisle was clear of potentially hazardous conditions. The department store failed to inspect the aisles and remove dangerous conditions.

III. DAMAGES

Following the accident, plaintiff David Biebel. was transported by ambulance to Hamot Medical Center. At that time he was complaining of pain in the right knee, right hip, neck and back. After examination he was given an immobilizer for his right knee and told to follow up with on call orthopedic doctor. Mr. Biebel followed up with Dr. Nick Stefanovski. During his visit it was noted that he continued with right knee pain. Mr. Biebel was scheduled for an MRI which revealed a medial meniscus tear. It was recommended that Mr. Biebel undergo an arthroscopic medial meniscectomy. Dr. Stefanovski performed the procedure on August 13, 2004. Mr. Biebel continues to treat for his injuries.

IV. WITNESSES

Plaintiff may call some or all of the following witnesses at the time of trial:

	Name	Liability	Damages
1.	David Biebel	X	X
2.	Rebecca Crawley	X	X
3.	Rebecca Head	X	X
4.	Judy Himes	X	X
5.	Dean Taylor	X	X
6.	Anna Turco	X	X
7.	Company Representative	X	X
8.	Corporate Representative	X	X

EXPERT WITNESSES

- | | | | |
|----|--|---|---|
| 6. | Dr. Nick Stefanovski
Orthopaedic & Sports Medicine
300 State Street, Suite 400 A
Erie, PA 16507 | X | X |
|----|--|---|---|

Plaintiff reserves the right to call any of the witnesses listed on the pretrial narrative statement of the defendant as well as any other witnesses identified during the course of pretrial discovery.

V. EXHIBITS

Plaintiff may introduce some or all of the following exhibits at the time of trial:

1. Plaintiff's medical records and bills;
2. Photographs;
3. Incident Report;
4. Diagrams;

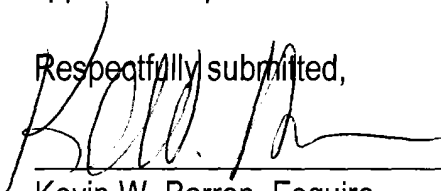
Plaintiff reserves the right to introduce any of the exhibits listed on the pretrial narrative statement of the defendant as well as any other exhibits identified during the course of pretrial discovery, including deposition exhibits.

V. UNUSUAL LEGAL ISSUES

None.

Plaintiff reserves the right to file a supplemental pretrial narrative statement prior to trial.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Kevin W. Barron", is written over a horizontal line.

Kevin W. Barron, Esquire
Attorney for Plaintiff
821 State Street
Erie, Pennsylvania 16501
(814) 452-4473
PA I.D. #40048

IN THE UNITED DISTRICT COURT FOR THE WESTERN DISTRICT OF
PENNSYLVANIA

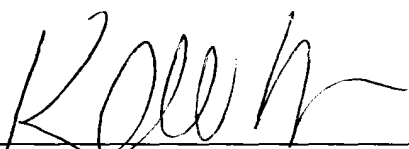
DAVID BIEBEL,)	ERIE DIVISION
)	
PLAINTIFF,)	CIVIL ACTION NO.05-10
)	
vs.)	
)	
KOHL'S DEPARTMENT STORE,)	
)	
DEFENDANT,)	
)	
)	

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on the 12th day of September, 2005, a copy of Plaintiff's Pre-trial Narrative Statement was served upon the following parties in accordance with the applicable rules of court:

The Honorable Sean J. McLaughlin
U.S. Court House
17 South Park Row, Room A250
Erie, PA 16501

Cynthia L. O'Donnell, Esquire
Tighe, Evan, Ehrman, Schenck & Paras
Four Gateway Center
444 Liberty Avenue, Suite 1300
Pittsburgh, PA 15222-1223
Attorney For Defendant
Kohl's Department Stores, Inc.



Kevin W. Barron, Esquire

SPORTS MEDICINE OF ERIE, P.C.
 SUITE 400 A • ERIE, PA 16507
 564-8287 • FAX (814) 454-8470

PAEDIC & SPORTS MEDICINE OF ERIE, P.C.
 STATE ST. • SUITE 400 A • ERIE, PA 16507
 ONE (814) 454-8287 • FAX (814) 454-8470

ORTHOPEDIC & SPORTS MEDICINE OF ERIE, P.C.
 300 STATE ST. • SUITE 400 A • ERIE, PA 16507
 PHONE (814) 454-8287 • FAX (814) 454-8470

07/01/2004	DAVID BIEBEL	
DATE	NAME	REFERRING PHYSICIAN

David is 60. He is complaining of pain to his right knee. Apparently he was at Kohl's Department Store when he stumbled over a shoe size fitting instrument. He comes in with a knee immobilizer on. That was DC'd. He has good range of motion. He has a mild effusion. He has medial joint line tenderness. His plain x-rays are negative for any fractures. What I would like to do is schedule him for an MRI scan to rule out a medial meniscal tear. We will see David back in a week or two. In the meantime we will also give him some Toradol and Darvocet for pain relief.

Nick Stefanovski, M.D./jcb

7/8/04	DAVID BIEBEL	
DATE	NAME	REFERRING PHYSICIAN

David's MRI is positive for a medial meniscal tear. We will schedule him for a right knee arthroscopy. At this point I want him to d/c the use of his immobilizer. He can weight bear as tolerated as well.

Nick Stefanovski, M.D./mk

8/11/04 ② Knee scope - 8/13/04 c/o edema R/E toes to knee.
 NUI. X calf pain, fever/chills. Advised elevation / ROM.
 if X improve. tomorrow sched Doppler. Kms

08/13/2004	DAVID BIEBEL	
DATE	NAME	REFERRING PHYSICIAN

Village SurgiCenter

DX: medial meniscus tear

SX: Arthroscopic medial meniscectomy

Nick Stefanovski, M.D./jcb

ORTHOPAEDIC & SPORTS MEDICINE OF ERIE, P.C.
300 STATE ST. • SUITE 400 A • ERIE, PA 16507
PHONE (814) 454-8287 • FAX (814) 454-8470

E. OF ERIE, P.C.
IE, PA 16507
414 454-8470

EDIC & SPORTS MEDICINE OF ERIE, P.C.
ATE ST. • SUITE 400 A • ERIE, PA 16507
IE (814) 454-8287 • FAX (814) 454-8470

SPORTS MEDICINE OF ERIE, P.C.
SUITE 400 A • ERIE, PA 16507
54 8287 • FAX (814) 454-8470

DATE	NAME	REFERRING PHYSICIAN

David is here for postop assessment after his right knee arthroscopy with partial medial meniscectomy. Arthroscopic photos and operative findings were reviewed with the patient. He does have some early grade two changes at the undersurface of the patella. Several days postop, he had increased swelling to his calf and was sent for a Doppler study which is negative for DVT.

The swelling is somewhat persistent. It is coming down. He is neurovascularly intact. Homan's test is negative. Foot is neurovascularly intact. The portal sites are clean, dry and intact and he has been doing a home exercise program, ranging 0 to 80 degrees.

He will continue working on his quads and hamstrings. He was given a prescription of Lortab 7.5 for pain management and we will plan on seeing him in six weeks for reassessment.

Dictated by Kathy Sullivan, P.A.-C

DATE	NAME	REFERRING PHYSICIAN

Nick Stefanovski, M.D.

KS dss

DATE	NAME	REFERRING PHYSICIAN
9/21/04	DAVID BIEBEL	

David is doing fairly well. He has no evidence of an effusion. His portals are clean and dry. He still has some residual pain. I told him that that's something to be expected following resection of the meniscus. I want him to continue to range of motion his knee. I would like to see him back prn with regard to the knee.

In addition, he was complaining of pain in his left shoulder. He may have an element of impingement syndrome or maybe even a rotator cuff tear. I told him to just keep an eye on it for a couple of week and if he is no better, to come back.

Nick Stefanovski, M.D./mk

DATE	NAME	REFERRING PHYSICIAN
03/15/2005	DAVID BIEBEL	

David is having a lot of pain in his right knee. He has good range of motion. His operative note discloses that he did have Grade 2 and 3 changes mainly on the medial side in addition to his medial meniscal tear. I therefore elected to give him a shot of cortisone hoping to summer things down. He understands that if this does not summer it down, he may ultimately require replacement, however he has had one done on his left knee and he is not totally happy with it, therefore, I think we will need to treat him as conservatively as possible.

Nick Stefanovski, M.D./jcb

Village Surgicenter
6473 Village Common Drive, Suite 100
Erie, PA 16506-4961

REPORT OF OPERATION

DATE OF PROCEDURE: 08/13/04
PREOPERATIVE DIAGNOSIS: Right knee medial meniscal tear.
POSTOPERATIVE DIAGNOSIS: Right knee medial meniscal tear. 2988/RT
SURGEON: Nick Stefanovski, MD
ASSISTANT: Aaron Wallace, M.D.
OPERATIONS (S): Right knee partial medial meniscectomy.
ANESTHESIA: General via LMA.

ESTIMATED BLOOD LOSS: Less than 10 cc.

CULTURE/PATHOLOGY: None.

COMPLICATIONS: None.

DRAINS: None.

HISTORY OF PRESENT ILLNESS: The patient is a 60-year-old white male who has been complaining of right knee pain and medial joint line tenderness. He had an MRI consistent with a medial meniscal tear. After discussing the options with him, he wished to proceed with right knee arthroscopy.

OPERATIVE TECHNIQUE: Patient was properly identified, brought back to the operating room. He was placed on the operating room table in the supine position. General anesthesia was then induced. The right leg was then positioned, prepped and gowned in the usual sterile fashion. The exam under general anesthesia revealed no ligamentous instability.

Standard anterior two portals were then made. The diagnostic arthroscopy revealed that his patellofemoral joint showed some early grade II changes in the undersurface of the patella near the superior pole of the patella as well as the trochlea. He had some loose fibrillated cartilaginous bodies which we suctioned out. We entered the medial compartment and noted that he had a tear of the posterior horn of the medial meniscus. It was a degenerative horizontal type of a tear. We resected this down to a smooth single leaf. His tibial plateau did have some grade III and a very small area of grade IV change. His medial femoral condyle likewise had grade II changes. His ACL was intact. The lateral compartment showed no evidence of pathology.

Following completion of this, all instruments were removed. Marcaine 0.5% was injected. A sterile dressing was applied. The anesthetic was reversed and the patient was brought to the recovery room in stable condition.

Nick Stefanovski MD

124187

PATIENT NAME: BIEBEL, DAVID

MED REC #: 21041

ATTENDING PHYSICIAN: Nick Stefanovski, MD

DD: 8/13/2004

TT: 1:16 AM

Job #: 293073

NS / 314

REPORT OF OPERATION

SURGICAL PATHOLOGY CONSULTATION

HAMOT MEDICAL CENTER LABORATORY

Pathology Associates of Erie, Inc.

201 State Street

Erie, PA 16550

(814) 877-2241

Name: **BIEBEL, DAVID R**

Surgical#: **02-SP-05-04444**

Ordering Physician: **SWANSON, WILLIAM, DO**

Location: **LAB**

Med Rec #: (00002)210219

Hospital#: 000000250335601

SS#: 171-34-8116

DOB: 04/02/44

Age/Sex: 60 YRS M

Procedure Date: 03/21/05

Date Received: 03/23/05

Date Printed: 03/24/05

PRE-OP DIAGNOSIS:

Non-healing scaly lesion; possible actinic keratosis vs squamous cell carcinoma

PROCEDURE:

Biopsy

SPECIMEN:

Left wrist

GROSS DESCRIPTION:

The specimen is received in formalin labeled with the patient's name. It consists of a 0.5 x 0.5 cm. shave of gray white skin measuring 0.1 to 0.2 cm. in thickness. It is bisected and submitted in toto. (1 block)

LLC/jet

MICROSCOPIC DESCRIPTION:

Performed and confirms final diagnosis.

DIAGNOSIS:

Skin, left wrist, biopsy:

Actinic keratosis with associated solar damage and dilated follicle.

PLD/jet

Report Diagnosed By: PETER L. DEPOWSKI, MD

Report Verified By: PETER L. DEPOWSKI, M.D.

(Electronic Signature)

Verified Date: 03/24/05

6

702.0

PHYSICIAN:

WILLIAM SWANSON, DO

306 W. 11TH ST.

ERIE

PA 16501-

Copies to:

SURGICAL PATHOLOGY CONSULTATION

HAMOT MEDICAL CENTER LABORATORY

Pathology Associates of Erie, Inc.

201 State Street
Erie, PA 16550
(814) 877-2241

Name: **BIEBEL, DAVID R**

Surgical#: **02-SP-04-14690**

Ordering Physician: **SWANSON, WILLIAM, DO**

Location: **LAB**

Med Rec #: (00002)210219

Hospital#: 000000240983759

SS#: 171-34-8116

DOB: 04/02/44

Age/Sex: 60 YRS M

Procedure Date: 09/27/04

Date Received: 09/29/04

Date Printed: 10/01/04

HISTORY:

Patient has a history of unknown skin ca

PRE-OP DIAGNOSIS:

- A. Chronic inflammation/actinic keratosis suspect squamous cell carcinoma/basal cell carcinoma
- B. Actinic keratosis, suspect basal cell carcinoma/ squamous cell carcinoma

PROCEDURE:

Shave excision x2

SPECIMEN:

- A. Right nasal ala,
- B. Left nasal ala

GROSS DESCRIPTION:

Specimen A is received in formalin labeled with the patient's name. It consists of three fragments of tan tissue varying from 0.1 to 0.7 cm. The pieces have a smooth to slightly granular surface. The larger piece is bisected and the entire specimen is submitted in one cassette.

Specimen B is received in formalin labeled with the patient's name. It consists of four fragments of tan and orange brown tissue varying from 0.3 to 0.5 cm. The pieces have a slightly granular surface. The specimen is totally submitted in one cassette.

PDW/jet

MICROSCOPIC DESCRIPTION:

Performed and confirms final diagnosis.

DIAGNOSIS:

- A. Skin, "right nasal ala", showing changes most suspicious for actinic keratosis.
- B. Skin, "left nasal ala", showing changes most suspicious for actinic keratosis.

COMMENTS:

In each of the above, some of the epidermal ridges containing abnormal keratinocytes have been transected and are unavailable for examination. Therefore, I cannot completely exclude an infiltrating squamous cell carcinoma, but I favor the above diagnosis.

Dr. Lamas has reviewed the case and concurs with the diagnosis. ✓

NF /jet

Report Diagnosed By: NORMAN FRANKLIN, MD

PHYSICIAN:

WILLIAM SWANSON, DO
306 W. 11TH ST.
ERIE
PA 16501-

5

709.9

V10.9

SURGICAL PATHOLOGY CONSULTATION

HAMOT MEDICAL CENTER LABORATORY

Pathology Associates of Erie, Inc.

201 State Street

Erie, PA 16550

(814) 877-2241

Name: **BIEBEL, DAVID R**

Surgical#: **02-SP-04-14690**

Ordering Physician: **SWANSON, WILLIAM, DO**

Location: **LAB**

Med Rec #: (00002)210219

Hospital#: 000000240983759

SS#: 171-34-8116

DOB: 04/02/44

Age/Sex: 60 YRS M

Procedure Date: 09/27/04

Date Received: 09/29/04

Date Printed: 10/01/04

Report Verified By: **NORMAN FRANKLIN, MD**
(Electronic Signature)
Verified Date: 10/01/04

Copies to:

Patient's Name: _____

Consent to Care:

I wish to be provided care at Hamot Medical Center. While I am at the hospital, I permit Hamot Medical Center, its employees and all other persons caring for me to treat me in ways they judge are beneficial to me. I understand that this care may include tests, examinations, medical and surgical treatment, and consultations with appropriate specialists. No guarantees have been made to me about the outcome of this care.

Disclosure of Information for Treatment, Payment or Healthcare Operations:

I understand that federal law allows Hamot Medical Center to disclose my personal health information to persons outside of the hospital for treatment, payment and healthcare operations purposes, and for other limited purposes, as described in the Notice of Privacy Practices given to me. I authorize Hamot Medical Center to make such disclosures consistent with the terms of the Notice of Privacy Practices in effect at the time of the disclosure and consistent with the federal HIPAA Privacy Regulations.

Caregivers/Education:

I realize that among those who attend patients at Hamot Medical Center are medical, nursing and other health care personnel in training who, unless requested otherwise, may be present during patient care as part of their education. I understand that these persons are required to protect my privacy. Still or motion pictures and closed circuit television monitoring of patient care is sometimes conducted for educational purposes. A patient has a right to refuse, at any time, to be the subject of such pictures.

Personal Property:

I understand that Hamot Medical Center provides a safe for security of valuables without charge for the convenience of its patients and, therefore, Hamot shall not be liable for the loss of, or damage to, any personal property brought into the hospital unless it is deposited in a safe for safekeeping.

[Signature]
(PATIENT SIGNATURE*)

7/14/04 a.m./p.m.
(DATE) (TIME) (CIRCLE ONE)

SW
(WITNESS/SIGNATURE AFFIRMATION)

*The patient is unable to consent because: _____
I, therefore, consent for the patient.

(SIGNATURE) (DATE) (TIME) (CIRCLE ONE)

- ☐ Power of Attorney ☐ Parent of Minor
☐ Guardian of Person ☐ Other: _____

(Please provide a copy of appropriate documentation.)

(WITNESS/SIGNATURE AFFIRMATION)

Acknowledgment of Receipt of Notice of Privacy Practices:

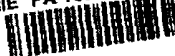
I have been given a copy of Hamot Health Foundation's Notice of Privacy Practices.

[Signature]
(SIGNATURE OF PATIENT/LEGAL REPRESENTATIVE)

7/14/04
(DATE)

Reason Acknowledgement Not Obtained _____ For Hamot Use Only Staff Signature _____

BIEBEL
DAVID BOY M 04/02/1944
SWANSON WILLIAM
104 AVERLON AVE AP
ERIE PA 16509



210219

240658062



CONSENT TO HOSPITAL CARE

D-1-171 (10/03)

HAMOT MEDICAL CENTER DEPT OF RADIOLOGY 201 STATE STREET ERIE, PA 16550

PATIENT: BIEBEL, DAVID
ADDRESS: 104 AVERLON AVE APT 24
ERIE, PA 16509
AGE: 60Y **SEX:** M
BIRTHDATE: 04/02/1944

MEDICAL RECORD NO: 210219

ORDER NUMBER: 90007
DIAGNOSIS:

ATTENDING DR: SWANSON, WILLIAM K
ORDERING DR: SWANSON, WILLIAM K

REASON FOR EXAM:
NECK AND BACK PAIN

HOSPITAL SVC: XRA
ROOM NO:

ACC#: 2540215 M25
FLUORO TIME: YESPRE
PATIENT NO: 240658062

RAD NO: 725647
TECH COMMENTS:

MEDICAL RECORDS COPY

**IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED
THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS REPORT IS PROHIBITED.**

*****Signed*****

Jul 14 2004 - MRI CSPINE WITHOUT CONTRAST 90007

RESULT: MRI CERVICAL SPINE:

At the C3-4 cervical level, there is narrowing of the disc space with endplate osteophyte development. Broad-based osteophytes encroach upon the ventral canal, right greater than left. Produces an element of right lateral recess narrowing. There is bilateral foraminal stenosis due to uncovertebral spurs.

C4-5 level, there is facet osteoarthritis, which is rather prominent on the right with a minimal anterolisthesis, right foraminal stenosis. There is some narrowing of the disc space.

C5-6 cervical level, there is narrowing of the disc space. Uncovertebral spurring with mild bilateral foraminal narrowing. The central canal is unremarkable.

C6-7 level also suggests narrowing of the disc space. Left foraminal stenosis due to uncovertebral spurs. C7-T1 demonstrates narrowing of the disc space with mild endplate irregularity. No evidence of disc protrusion or canal stenosis. Possible mild left foraminal stenosis.

There is a gradual reversal of lordosis. Size of the canal is developmentally normal. Spinal cord has a uniform size and signal throughout. Bone marrow assessment unremarkable.

IMPRESSION:

DIFFUSE ELEMENTS OF SPONDYLOSIS WITH REVERSAL OF CURVATURE. SEE ABOVE.

721.0
722.52
722.4

3

HAMOT MEDICAL CENTER DEPT OF RADIOLOGY 201 STATE STREET ERIE, PA 16550

PATIENT: BIEBEL, DAVID
ADDRESS: 104 AVERLON AVE APT 24
ERIE, PA 16509
AGE: 60Y **SEX:** M
BIRTHDATE: 04/02/1944

MEDICAL RECORD NO: 210219

ORDER NUMBER: 90007

Jul 14 2004 - **MRI LSPINE WITHOUT CONTRAST 90007**

RESULT: LUMBAR MRI:

HISTORY: Current low back pain and right leg pain.

Standard pulse sequences without contrast.

FINDINGS: Size of the canal is developmentally normal. Lordosis maintained. No evidence of fracture. Bone marrow signal normal.

The conus terminates L1 level.

L1-2 and L2-3 disc space height maintained. Perhaps an element of desiccation on T2. No evidence of protrusion or canal narrowing.

L3-4 level, disc space height is maintained. No evidence of protrusion or canal narrowing.

L4-5 level, there is moderate narrowing of the disc space with a mild diffuse annular disc bulge. Mild facet osteoarthritis. No evidence of canal stenosis.

L5-S1 level, there is moderate narrowing of the disc space with diffuse annular disc bulge. No evidence of disc protrusion or canal stenosis. Perhaps mild left foraminal narrowing.

IMPRESSION:

LIKELY CHRONIC ELEMENTS OF DEGENERATIVE DISC DISEASE L4-5 AND L5-S1. NO EVIDENCE OF A DISTINCT DISC PROTRUSION OR CANAL STENOSIS.

Jul 14 2004 - **MRI TSPINE WITHOUT CONTRAST 90007**

RESULT: MRI THORACIC SPINE:

Standard pulse sequences. No comparative studies. Dorsal kyphosis is maintained. No evidence of compression fracture, cord compression or canal stenosis.

Bone marrow signal is unremarkable.

Cord has a normal size and signal throughout. No evidence of paraspinal mass. No evidence of discrete disc

HAMOT MEDICAL CENTER DEPT OF RADIOLOGY 201 STATE STREET ERIE, PA 16550

PATIENT: BIEBEL, DAVID
ADDRESS: 104 AVERLON AVE APT 24
ERIE, PA 16509
AGE: 60Y SEX: M
BIRTHDATE: 04/02/1944

MEDICAL RECORD NO: 210219

ORDER NUMBER: 90007

protrusion.

IMPRESSION:

UNREMARKABLE EXAM FOR AGE.

TRANSCRIBED BY: KXM, Jul 16 2004 2:17P
READING RADIOLOGIST: JAMES OSKIN

HAMOT MEDICAL CENTER • 201 STATE STREET • ERIE, PENNSYLVANIA 16550 • 814-877-6800

ED REGISTRATION

PATIENT NAME: **BIEBEL, DAVID R** MR# **210219**
 ADDRESS: **104 AVERLON AVE APT ERIE PA 16509** REG BY **FS**
 BIRTHDATE: **04/02/1944** AGE: **60** SEX: **M** RACE: **W** ETHNICITY: **C** ED PHYSICIAN: **SWANSON WILLIAM**
 HOME PHONE: **8148669398** ISOL N/A
 PT. COMPL: **FALL VICTIM, NECK, BACK, KNEE AND HIP PAIN** VIS IMP U SMOKE HEAR IMP U
 TIME: **06/29/04 14:16** DICT ☐ OTHER: **BIEBEL, ROBERT** ERIE: **814741035**

PMH: **Hydrocodone, Anti Depressant** PSY: **W/DA** SH: ☐ TOB ☐ ETOH ☐ DRUGS ☐ DOMESTIC VIOLENCE: **N**

ROS: ☐ Otherwise resp. except for those noted in HPI. ☐ Unstable due to ☐ NURSING HX REVIEWED ☐ PCXR ☐ CT & LAT ☐ CT BRAIN ☐ CT ABD AND PELVIS ☐ CT PELVIS

TRIAGE TIME: **2:25** CLASS: **2** TEMP: **97.5** PULSE: **88** RESP: **20** B/P: **110/70** RA O2 SAT: **10** PAIN: **10** WEIGHT: **160** ADMIT ROOM: **1620** TIME DISCHARGED: **1620**

CHART PREPARED BY: **[Signature]**

Handwritten notes: **Short man, neck pain, back pain, knee pain, hip pain, right hip, left knee**

(1) TO: Neck lock 1645
 (2) Knee Immobilized

Handwritten notes: **Neck lock, Knee Immobilized**

(1) Acute Cervical Strain
 (2) Knee Sprain
 Release from Ortho Flw
 Red, Ice

REPORT CALLED ☐ CLOTHING SHEET ☐ NURSE'S SIGNATURE: **[Signature]** PHYSICIAN'S SIGNATURE: **[Signature]**

ABG PH ☐ PO2 ☐ PCO2 ☐
 Co Hgb ☐
 OLD RECORDS ☐ REVIEWED ☐

Patient's Name: _____

Consent to Care:

I wish to be provided care at Hamot Medical Center. While I am at the hospital, I permit Hamot Medical Center, its employees and all other persons caring for me to treat me in ways they judge are beneficial to me. I understand that this care may include tests, examinations, medical and surgical treatment, and consultations with appropriate specialists. No guarantees have been made to me about the outcome of this care.

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I understand that Hamot Medical Center provides a safe for security of valuables without charge for the convenience of its patients and, therefore, Hamot shall not be liable for the loss of, or damage to, any personal property brought into the hospital unless it is deposited in a safe for safekeeping.

(PATIENT SIGNATURE*)_____
(DATE)_____
a.m./p.m.
(TIME) (CIRCLE ONE)_____
(WITNESS/SIGNATURE AFFIRMATION)

*The patient is unable to consent because: _____

I, therefore, consent for the patient.

(SIGNATURE)_____
(DATE)_____
a.m./p.m.
(TIME) (CIRCLE ONE)☐ Power of Attorney ☐ Parent of Minor☐ Guardian of Person ☐ Other: _____

(Please provide a copy of appropriate documentation.)

(WITNESS/SIGNATURE AFFIRMATION)**Acknowledgment of Receipt of Notice of Privacy Practices:**

I have been given a copy of Hamot Health Foundation's Notice of Privacy Practices.

(SIGNATURE OF PATIENT/LEGAL REPRESENTATIVE)_____
(DATE)

Reason Acl

BIEBEL

DAVID 60Y M 04/02/1944

240645994

For Hamot Use Only

Staff Signature _____

104 AVERLON AVE AP
ERIE PA 16509

210219

EDW025

 **Hamot****CONSENT TO HOSPITAL CARE**

EMERGENCY DEPARTMENT VISIT LEVEL MATRIX

Point Value 5	Point Value 10	Point Value 20	Point Value 30
Triage Assessment	25 Admit Regular Room	Admit - Telemetry/Peds/CPEU	Admit Cath Lab
Triage - Recheck	15 Burn Care - 1°	AMA	Admit EP Lab
Trauma Assess	75 Cardiac Monitor (EKG)	Bleeding Control	Admit Heart Unit
Trauma "Alert"	175 Clavicle Strap	Burn Care - 2°	Admit ICU
	Consents Written & Phone	Castings	Admit OR
ABG	Crutch Walking	Central Line Insertion	Antivenin Admin
Ace Wrap	Discharge Instr. Simple	Charcoal Administration	Blood Administration
Arm Sling	Dressing Minor	Combative Patient	Burn Care - Extensive
Blood Sugar (BGCS)	Drug Screening	Community Service Consult	Cardioversion
Cervical Collar	Enema (Fleets)	Complex Splint	Case Management
CT Scan (unaccompanied)	Epistaxis (simple)	CT Scan (accompanied)	Chest Tube Insertion
Cultures	Eye Exam	Defibrillation	Conscious Sedation
Dermabond	Eye Patch	Discharge Instr. - Extensive	OPR
Ear Exam - Tray (ENT)	Foley Cath - Uncomplicated	Dressing - Major	Culdcentesis
Ear gtt's	Foley - Suprapubic Irrig	Ear Irrigation	Cutdown
EEG	Gastrostomy Tube	EKG STAT	Delivery Obstetrical
EKG Routine	Immobilizers	Enema/SSE/Disimpaction	Evidence Collection
Fetal Heart Measurement	IV Fluids - Non Medicated	Epistaxis - Complic	Foley Cath - Difficult
Finger Guard	IV Insertion - Simple 1 line	EWALD/LAVAGE	Hypothermia Mgmt
Initial Pulse Oximetry	IV Medication (IV push)	External Pacer	Invasive Pacing
Intramuscular Meds	Morgan Lens	GI Unit	IV Insertion - 3 or more
Lab	Nasogastric Tube/LAVAGE	Incision and Drainage	Open Chest Proc
MRI (unattended)	Orders From Attending	Intubation	Pelvic - Complication
Neuro Checks	O ₂ Masks	IV Drips/IVPB (medication)	Pericardiocentesis
Ophthalmic gtt's	Pelvic Exam - No Cultures	IV Insertion - Difficult	Peritoneal Lavage
O ₂ Cannula (not specified)	Pl. Report (complex)	IV Insertion - 2 lines	Thoracentesis
Pelvic (LD screen)	Pulse Oximetry (O ₂ SAT) (cont.)	Lumbar Puncture	TPA Administration
Po Meds (per administration)	Resp TX	Mast Suit - Applied PTA	Tracheostomy
Repeat Vital Signs	Shoulder Immobilization	Pelvic Exam - Cultures	Transfer To Other Facility
Steri-Strips	Simple Splint	Plastic/Hand	
Subcutaneous Meds	Simple Suturing - Tray	Point of Care Testing	
Sublingual Meds	Slit Lamp	Post Mortem Care	
Suppositories	Stapler, Skin	Restraint Application	
Suture Removal (simple)	Straight Cath	Suture - Assistance With	
Topical Meds	Sut. Removal (complex)	VQ Scan (accompanied)	
Visual Acuity	Tilt Test		
XRAY/Ultrasound			
Total This Column			
Triage/Assess 25	LEVEL I (0-40) (LEV 1)	99281 > APC 610	Evaluation Time Behavioral Health 99281 - less than 1 hr. 99282 - 1 to 1.5 hrs. total 99283 - 1.5 to 2 hrs. total 99284 - 2 to 3 hrs. total 99285 - more than 3 hrs.
TOTAL COL. 1	LEVEL II (41-85) (LEV 2)	99282 > APC 611	
TOTAL COL. 2	LEVEL III (86-90) (LEV 3)	99283 > APC 612	
TOTAL COL. 3	LEVEL IV (91-115) (LEV 4)	99284 > APC 620	
TOTAL COL. 4	LEVEL V (116 & Over) (LEV 5)	99285 > APC 620	
TOTAL ALL =	NO TX IN ED - 45390507 WALKOUT - 45390606	99291 Critical Care <input type="checkbox"/> 45990470 (MA) EMERG MED OR ACCIDENT <input type="checkbox"/> 45990454 (MA) NON-EMERGENT <input type="checkbox"/> 45990462 (MA) NON-EMERG PSYCH <input type="checkbox"/> 45990488 (MA) EMERG PSYCH	

BIEBEL

DAVID 60Y M 04/02/1944

240645994

104 AVERLON AVE AP
ERIE PA 16509

210219

EDW025

EMERGENCY DEPARTMENT
VISIT LEVEL MATRIX

D-24-58 (Rev. 07/02)

EMERGENCY DEPARTMENT RECORD CODING REPORT FORM

DIAGNOSIS CODES

DA: 723.1
 DF: 1 847.0
 2 844.9
 3 E885.9
 4 _____
 5 _____
 6 _____
 7 _____
 8 _____
 9 _____

PHYSICIAN E/M LEVEL AND PROCEDURES

PROC CODE	MODS	UNITS	LINK WITH THESE DIAGNOSES											
99282			ALL	DA	1	2	3	4	5	6	7	8	9	
			ALL	DA	1	2	3	4	5	6	7	8	9	
			ALL	DA	1	2	3	4	5	6	7	8	9	
			ALL	DA	1	2	3	4	5	6	7	8	9	
			ALL	DA	1	2	3	4	5	6	7	8	9	
			ALL	DA	1	2	3	4	5	6	7	8	9	
			ALL	DA	1	2	3	4	5	6	7	8	9	

FACILITY PROCEDURES

PROC CODE	MODS	UNITS
<u>93.54 29505</u>	<u>R+</u>	

ANY CHANGES TO THE ABOVE MUST BE FULLY DOCUMENTED IN THIS AREA:

CHART DATE: 62904
 CODER # 12 (14)
 DATE CODED 73004

ADDENDUM DATE: _____ CODER #: _____

BIEBEL
 DAVID 60Y M 04/02/1944
 104 AVERLON AVE AP
 ERIE PA 16509



210219

240645994

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 **Hamot**
 Leading the way
 to better health

From: PHHC To: Hamot Medical Center

Date: 6/29/2004 Time: 4:46:20 PM

Page 1 of 2

BIEBEL, DAVID R

97867118 - 1
6/29/2004 4:46:13 PMTRIPSHEET REPORT# 97867118 Service Name: Perry Hi-Way Affiliate #: 25024
Location Code: 25933 Trip Number: 2437630
Unit #: 79 Date: 06/29/2004PATIENT INFORMATION:Name: BIEBEL, DAVID R
Birth Date: 04/02/1944 Age: 60
Sex: M
SSN: 171-34-8116Address Line 1: 104 AVERLON AVE APT. 24
City: ERIE State: PA Zip: 16509
Phone #: 866-9398INSURANCE INFORMATION:

Bill To: ERIE INSURANCE

Group #: 010110395050
Insurance #: 171348116OTHER INFORMATION:Location Detail: KOHNLS DEPARTMENT STORE
Chief Complaint: KNEE, NECK, BACK AND HIP PAIN RIGHT SIDE
Allergies: NONE
Medications: HYDROCODONE
Past History: NONEINCIDENT INFORMATION:Location: OFFICE/BUSINESS Type: MEDICAL Outcome: TRANSPORTED
Responding Unit Type: BLS Nature of Dispatch: ALS ALS/BLS: ALS
Transport Mode to Scene: E Transport Mode from Scene: N

Patient Condition on Scene: MODERATE Patient Condition at Facility: STABLE

Initial Vital Signs: SYSTOLIC - 130 DIASTOLIC - 90 PULSE - 72 RESP - 20
Glasgow Coma Scale: EYES - SPONTANEOUS VERBAL - ORIENTED MOTOR - OBEYS COMMAND Score - 15

Attendant #1: GRAHAM DAVID - A #000000

Attendant #2: GARDNER LINDA - E #154755

	Dispatch	Enroute	On Scene	Depart Scene	Arrive Dest.	Available	In Quarters
Times:	1323	1328	1336	1354	1411	1448	1448
Mileages:	31282		31285		31294		31300

From: PHHC To: Hamot Medical Center

Date: 6/29/2004 Time: 4:45:20 PM

Page 2 of 2

BIEBEL, DAVID R

97867118 - 2

ALS INFORMATION:**COMMAND INFORMATION:**

Patient Received By: 00823

NARRATIVE:

DISPATCHED TO 1906 KEYSTONE DRIVE BY THE 911 CENTER FOR A FALL VICTIM IN THE ZIP CODE OF 16509. SQUAD 79 ARRIVED ON SCENE TO FIND A 60 YR OLD MALE LAYING IN THE SHOW DEPARTMENT AFTER TRIPPING OVER A SHOE SIZER WITH A CHIEF COMPLAINT OF PAIN TO THE NECK AREA, BACK AREA, RIGHT HIP AND RIGHT KNEE. PT STATED THAT HE WAS WALKING THROUGH THE SHOE DEPARTMENT WHEN HE DID NOT SEE THE SHOE SIZER ON THE FLOOR AND TRIPPED FALLING ON RIGHT SIDE. ABC'S WERE IN TACT. C-SPINE STABILIZATION WAS BEING HELD BY MEDIC 40, C-COLLAR WAS APPLIED AND PT WAS PLACED ON A LONG BOARD WITH CID'S IN PLACE. PT WAS TAKEN TO AN AWAITING AMBULANCE. MEDIC 40 DID NOT COMMIT WITH SQUAD 79. PT WAS TAKEN TO HAMOT PER HIS REQUEST. VITALS WERE TAKEN WITH B/P: 130/90, P: 72, RESP: 20, EYES: PERL, LUNG SOUNDS: CLEAR. PULSE OX WAS PUT ON PT WITH RM 02 SAT BEING 95%. PT WAS PLACED ON 02, 3 LITERS VIA NASAL CANNULA. A DETAILED ASSESSMENT WAS DONE WITH NEG TRAUMA TO HEAD AREA, PAIN TO PT'S NECK, NEG JVD, NEG TRACHEAL DIVATION, NEG TRAUMA TO CHEST AREA, PAIN TO PT'S LOWER BACK, NEG TRAUMA TO UPPER EXTREMITIES, ABDOMEN: SOFT AND NON TENDER, PAIN TO RIGHT HIP AREA, PAIN TO RIGHT KNEE AREA. 2ND SET OF VITALS WERE DONE WITH B/P: 110/80, P: 89, RESP: 20. A RADIO REPORT WAS DONE, A BEDSIDE REPORT WAS DONE AND CARE WAS TRANSFERRED TO ER STAFF. PT WAS PUT IN RM 25. SQUAD 79 RETURNED WITHOUT INCIDENT.

DETAIL INFORMATION:

TIME	P	R	B/P	RHYTHM	TREATMENT	SITE	SITE	DOSE	GA	PROV#	RESP/COMMENTS
1338					ASSESS-INITIAL					154755	
					C-SPINE STABIL					MEDIC 4	
					CERVICAL COLLA					154755	
					BOARD - LONG					CREW	
					STRETCHER					CREW	
					AMBULANCE					CREW	
					VITALS					154755	
	72	20	130/90		PULSE OX					154755	RM 02 SAT 95%
					OXYGEN 1-9 LPM					154755	3 LITERS VIA NASAL CANNULA
					ASSESS-DETAIL					154755	
	89	20	110/80		VITALS					154755	
					REPORT-RADIO					154755	
					REPORT-BEDSIDE					154755	
					TRANSFER CARE					154755	
					IN SERVICE					CREW	

SIGNATURES:**CREW SIGNATURES**

PERSON RECEIVING PATIENT TIME

A#1: GRAHAM DAVID

A#2: GARDNER LINDA

COMMAND PHYSICIAN ID#

A#3:

A#4:

Triage Time: _____ Class _____ Primary Nurse Time: 1415

Triage Nurse Signature _____

Chief Complaint Rt knee pain, tripped, neck pain, back painNursing History Tripped + fell at Kohl'sbilateral shoulder pain, bilateral kneepain. Tripped on shoe measure.Pertinent Medical Hx Rt knee surgeryMedications Hydrocodone, AntidepressantAllergies NKA

Weight _____ Immunizations / Last Tetanus _____

Domestic Violence Hx Yes/No _____ Social Service Referral Yes/No LMP _____

Normal Yes/No _____ *Pain 1 through 10 (1 = lowest)

NURSING ASSESSMENT AND FOCUS

Respiratory Dr. Swanson

- ☒ Normal
☐ Labored
☐ Shallow
☐ Nasal Flaring
☐ Grunting
☐ Retracting
☐ Stridor

- R Breath Sounds L
☐ Not Applicable*
☒ Clear
☐ Rales
☐ Rhonchi
☐ Wheezing
☐ Diminished
☐ Other _____

Abdominal

- ☐ Not Applicable*
☐ Flat ☐ Distended
☒ Soft ☒ Rounded
☐ Tender - Location _____
☐ Rigid ☐ Firm
☐ N V D Constipation

Bowel Sounds

- ☒ Present NPO Since _____
☐ Absent
 Last BM _____

Circulatory

- Skin Color ☐ Normal
☒ Pink ☐ Ashen
☐ Pale ☐ Petechiae
☐ Flushed ☐ Jaundiced
☐ Cyanotic ☐ Mottled

- Moisture ☒ Dry ☐ Clammy
☐ Diaphoretic

- Temp ☒ Warm ☐ Cool
☐ Hot ☐ Cold

- Capillary Refill
☒ Not Applicable*
☐ Normal ☐ Delayed

- Edema ☐ Not Applicable*
☒ None
☐ Pedal ☐ R ☐ L
☐ Tibial ☐ R ☐ L
☐ JVD ☐ Pulses x 4

Infant/Child

- ☒ Not Applicable*
 Mucous Membranes
☐ Moist ☐ Dry
☐ Cries Tears
 Fontanelles
☐ Flat ☐ Depressed
☐ Bulging
 Urine Output
☐ Normal ☐ Increased ☐ Decreased
☐ Other _____

Neurological

- ☒ Alert ☐ Irritable
☐ Crying ☐ Consoleable
☐ Arouses to ☐ Pain ☐ Verbal
☐ Unresponsive ☐ Lethargic
☒ Cooperative ☐ Confused

- ☒ Oriented x 3
☐ Loss of Consciousness
☐ Other _____

- R Pupils L
☐ Not Applicable*
☒ Size 5 ☒ Size 4
☒ Reactive ☒
☐ Sluggish ☐
☐ Nonreactive ☐
☐ Other _____

PUPIL SIZE



GU Systems

- ☒ Not Applicable* ☐ Pregnant
☐ Denies Symptoms ☐ Birth Control
☐ Flank Pain ☐ G P Ab
☐ Hematuria ☐ Discharge
☐ Urgency ☐ Vag Bleeding
☐ Frequency ☐ Pad Count _____ /hr
☐ Dysuria
☐ Retention

* DOES NOT APPLY TO CHIEF COMPLAINT.

BIEBEL
DAVID 60Y M 04/02/1944104 AVERLON AVE AP
ERIE PA 16509

210219

240645994

EDW025



Hamot Medical Center, Erie, Pa.

Emergency Department/Immediate Care North
Nursing Flow Sheet

FORM 10-24-50 (REV 12/98)

Patient Identification

NURSING INTERVENTIONS / PLAN OF CARE

PATIENT NAME: Riebel, David

TIME _____

☐ O₂ ☐ Mask ☐ NC ☐ Non-Rebreather @ _____ L/min.

☐ O₂ SAT Room Air _____ w/O₂ _____

☐ Cardiac Monitor: Lead _____ Rhythm _____

☐ Foley/St. Cath: Size: _____ Initial Return _____ Tolerated: Y N

☐ NG Tube: Type _____ Initial Return _____ Tolerated: Y N

☐ EKG

☐ Labs

☐ X-ray

☐ ABG

Wound Care: _____

Tetanus Information: ☐ Given ☐ Consent Signed

☐ Ice ☐ Elevation ☐ Immobilization

Defib at _____ c _____ joules

Defib at _____ c _____ joules

Defib at _____ c _____ joules

Defib at _____ c _____ joules

Defib at _____ c _____ joules

Defib at _____ c _____ joules

Defib at _____ c _____ joules

Expired at _____ sync

Report of Death Complete: Y N

IV THERAPY

TIME	IV SITE	CATH/SIZE	✓ SALINE LOCK	✓ FLUSH	FLUID/BLOOD	RATE	TOLERATED	ASBEST	COMMENTS
1545	① AC	#20	✓	✓					

IV D/C at _____

☐ Catheter intact

☐ No redness or edema

☐ Pressure dressing applied

MEDICATIONS

TIME	MEDICATIONS	DOSE	ROUTE/SITE	PATIENT RESPONSE	SIGNATURE IF NOT PRIMARY NURSE

ADDITIONAL NOTES / RHYTHM STRIPS Presented via ambulance on back board, C/D, cervical collar in tact. Bilateral I/F positioned for comfort, 2 pillow between ~~thigh~~ knees. Denies LOC. (+) drowsy at time of accident. Denies dizziness at present. Hit head on floor. (+) pedal pulses bilateral. (2) foot external rotated. 1500 P+ in x-ray report received. 1545 returned from x-ray. 4. 9 pain, states mostly lower back from CBS and (2) knee. 1610 knee immobilizer applied (2) leg Ambulatory - cane. Brother called to side.

DISCHARGE ASSESSMENT TIME 1615 ☒ UNCHANGED FROM INITIAL ASSESSMENT

Airway / Breathing:

- ☐ Patent ☐ Artificial
- ☐ Natural ☐ Ventilator
- ☐ Spontaneous
- ☐ O₂ _____ L/min.

Breath Sounds:

- Clear ☐ R ☐ L
- Rales ☐ ☐
- Rhonchi ☐ ☐
- Wheezes ☐ ☐
- Diminished ☐ ☐

Behavior:

- ☐ Cooperative
- ☐ Uncooperative
- ☐ Combative
- ☐ Confused
- ☐ Comatose
- ☐ A&O x 3

Skin:

- ☐ Warm ☐ Pink ☐ Dry
- ☐ Cool ☐ Cyanotic ☐ Pale
- ☐ Moist

Patient Comfort:

- ☐ Comfortable ☐ Uncomfortable
- ☐ Unable to Assess ☐ Improved

Extremity Injury

- ☐ Not Applicable*
- ☐ Pulse: x 4 ☐ Distal CSM Intact

INTAKE

- IV _____
- Blood _____
- Oral _____
- Other _____
- Total _____

OUTPUT

- Urine _____
- Gastric _____
- Chest Tube _____
- Other _____
- Total _____

Abdomen:

- ☐ Not Applicable*

- ☐ Soft ☐ Firm / Rigid
- ☐ Distended ☐ Tender

Report Given: Y N •

ECG Monitor: Rhythm _____

Lead _____

TO: _____

R. Cooper

PRIMARY NURSE SIGNATURE

HAMOT MEDICAL CENTER

201 STATE STREET • ERIE, PENNSYLVANIA 16550

EMERGENCY ROOM HISTORY & PHYSICAL**DATE SEEN:** 06/29/2004**PATIENT NO:** 000240645994**DATE OF BIRTH:** 04/02/1944**TIME SEEN:** 2:25**CHIEF COMPLAINT:** Fall.

HISTORY OF PRESENT ILLNESS: This is a 60-year-old who was at Kohl's who actually slipped on one of the shoe measurers and fell onto his right knee twisting it. The patient now complains of pain. The patient denies loss of consciousness. The patient complains of neck pain. The patient also complains of hip pain and right knee pain. The patient denies numbness or tingling. The patient denies abdominal pain, chest pain or shortness of breath. The patient denies headache or visual changes. The rest of the review of systems is negative.

PAST MEDICAL HISTORY: Significant for knee surgery and depression.

CURRENT MEDICATIONS: Depression medication he does not know.
Hydrocodone.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: Negative for tobacco use.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: The patient is awake, alert and oriented.

VITAL SIGNS: Blood pressure 110/70. Respiratory rate 20. Pulse 88.
Temperature 97.8.

HEENT: Normocephalic, atraumatic. PERRLA. EOMI. Tympanic membranes are clear and intact bilaterally. Nares are patent bilaterally without discharge. Oral mucosa is moist and pharynx is clear without erythema or exudates.

NECK: There is positive paraspinous tenderness bilaterally. There is some slight midline tenderness around C3 and C4. There is no stepoff. No JVD. The C-collar is in place.

PATIENT NAME Biebel, David R		DICTATED BY Kenneth R. Patton, DO		M.R. NO. 21-02-19	ROOM EDW EDW924	DISCHARGE DATE
DOCUMENT NUMBER 1111461	DATE DICTATED 06/29/2004	DATE TRANSCRIBED 07/02/2004	TYPE OF REPORT ER HISTORY & PHYSICAL		PAGE 1 OF 3	
HAMOT MEDICAL CENTER • 201 State Street • Erie, PA 16550 • 814/877-6000						

ORIGINAL

HAMOT MEDICAL CENTER

201 STATE STREET • ERIE, PENNSYLVANIA 16550

CHEST/LUNGS: Clear to auscultation bilaterally without rales, rhonchi or wheezing. Good air movement bilaterally. No retractions are evident. No chest wall tenderness. Symmetrical rise bilaterally.

HEART: Regular rate and rhythm with normal S1 and S2, without murmurs, gallops or rubs.

ABDOMEN: Soft, nontender, nondistended. Positive bowel sounds in all quadrants. No rebound, guarding or masses. No organomegaly.

EXTREMITIES: There is positive tenderness over the right femoral head and also on the right knee. There is no effusion. There is some tenderness with valgus and varus stress. There is no Lachman. Negative drawer. The patient has good distal pulses. The rest of the extremities are free of clubbing, cyanosis, edema, tenderness or deformity.

NEUROLOGIC: Cranial nerves II through XII grossly intact. Muscle strength 5/5. Sensation to light touch intact. Clear speech. Gait is not assessed.

BACK: Negative T, L and S spine tenderness.

DIFFERENTIAL DIAGNOSES:

1. Fracture.
2. Contusion.
3. Strain.
4. Dislocation.

LABORATORY & X-RAY FINDINGS: C-spine x-ray negative. Pelvis x-ray negative. Right hip and knee x-ray is negative.

EMERGENCY DEPARTMENT COURSE: This is a 60-year-old who presents to the emergency room with right knee pain and right hip pain and also neck pain secondary to a fall.

1. Neck pain. The patient's signs and symptoms are consistent with a cervical strain. The patient's x-rays showed degenerative joint disease, but no new fractures. The patient will rest and ice. He will use ibuprofen and Lortab that he has at home.
2. Knee and hip pain. Signs and symptoms are consistent with musculoskeletal, but certainly it could be a ligamentous injury of

PATIENT NAME Biebel, David R		DICTATED BY Kenneth R. Patton, DO		M.R. NO. 21-02-19	ROOM EDW EDW924	DISCHARGE DATE
DOCUMENT NUMBER 1111461	DATE DICTATED 06/29/2004	DATE TRANSCRIBED 07/02/2004	TYPE OF REPORT ER HISTORY & PHYSICAL		PAGE 2 OF 3	
HAMOT MEDICAL CENTER • 201 State Street • Erie, PA 16550 • 814/877-6000						

ORIGINAL

HAMOT MEDICAL CENTER

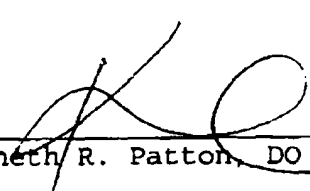
201 STATE STREET • ERIE, PENNSYLVANIA 16550

the right knee. The patient was placed on a knee immobilizer. The patient will use rest, elevation and ice. He will follow up with the orthopedic doctors who are on-call.

The patient understands the planned management and understands the signs and symptoms of a worsening condition and will return if they occur.

FINAL DIAGNOSES:

1. Knee sprain.
2. Acute cervical strain status post fall.


 Kenneth R. Patton, DO

KRP/ch DD: 06/29/2004 DT: 07/02/2004 9:41 P

CC:

PATIENT NAME Biebel, David R		DICTATED BY Kenneth R. Patton, DO		M.R. NO. 21-02-19	ROOM EDW EDW924	DISCHARGE DATE
DOCUMENT NUMBER 1111461	DATE DICTATED 06/29/2004	DATE TRANSCRIBED 07/02/2004	TYPE OF REPORT ER HISTORY & PHYSICAL		PAGE 3 OF 3	
HAMOT MEDICAL CENTER • 201 State Street • Erie, PA 16550 • 814/877-6000						

ORIGINAL

PLEASE FOLLOW THE INSTRUCTIONS AS INDICATED FOR YOU

- ☒ Rest, relax, no overexertional activity _____ days or until cleared by your doctor.
- ☐ Drink lots of fluids as tolerated ☐ Eat adequately
- ☐ Clear liquids, for 12-24 hours then advance to BRATTY diet: Bananas, Rice, Applesauce, Toast, Tea, Yogurt
- ☒ Elevate injury as much as possible above heart level
- ☒ Ice 15 minutes every several hours over next 48 hours (at least 4-6 times a day)
- ☐ Laceration recheck in 2 days, suture removal in _____ days
- ☐ Back to Work Slip ☐ Full Duty ☐ Light Duty until: _____
- ☐ May return to work/school: _____
- ☐ Length of time for restrictions: _____
- ☐ Continue with current medications
- ☐ Tylenol _____ every _____ hours for fever or pain
- ☐ Ibuprofen _____ every _____ hours for fever or pain
- ☐ Prescriptions: _____ ☐ med instructions
- _____ ☐ med instructions
- _____ ☐ med instructions
- ☐ Instruction sheet
- ☐ Instruction sheet
- ☐ The X-ray Report you received is preliminary. Call 877-6159 after 1 p.m. tomorrow for confirmation.
- ☐ Labs: If cultures were completed during your visit, call 877-6159 after 48 to 72 hours to inquire about results.
- ☒ Call your primary care physician with any questions or concerns or return to Emergency Department if you have any worsening or change in symptoms.
- ☐ Have your blood pressure checked by your doctor or clinic within the next few weeks.

Activity:

- ☐ Bed Rest
- ☐ No heavy lifting greater than _____ pounds.
- ☐ Return to regular activity
- ☐ Crutches for _____ days.
- ☐ Walker
- ☐ Drive: ☐ yes ☐ no
- ☐ Gym class/Sports: ☐ yes ☐ no
- ☐ Keep isolated _____ days
- ☐ Other: _____

Referred to:

- ☐ Primary Physician _____
- ☐ Specialist: _____ Phone: _____
- ☐ Community Health Net Phone: 459-0650
- ☐ Occupational Health Phone: 877-6017
- ☐ Physician Referral Directory Phone: 877-5678
- ☐ Follow up appointment made for _____

ADDITIONAL INSTRUCTIONS:

Follow-up with Orthopedic
Dr - call for appointment
Dr Stefanowski
300 State St.
434-8287
Rest Elevate
Apply ice at intervals.
Return if worse and as
needed
Wear knee immobilizer when
out of bed.

***If your insurance is Managed Care - you must get a referral from your Primary Care Physician.

- ☐ Instructions given via interpreter ☐ Yes ☐ No
- ☒ I have read and understand the above instructions and recognize services rendered are Emergency Services only and follow-up may be necessary.

Patient Signature: *[Signature]*Date: 6/29/04Nurse Initials: Danny

Emergency Department (814) 877-6047

ED-Express (814) 877-7015

DISCHARGE INSTRUCTIONS

White - Medical Records

Yellow - Patient's Copy

D-24-55 (7/02)

BIEBEL
DAVID 60Y M 04/02/1944

240645994

104 AVERLON AVE AP
ERIE PA 16509

EDW025



210219



JUN-29-2004 16:22 FROM HAMOT RADIOLOGY

TO ED WEST

P.01/01

HAMOT MEDICAL CENTER DEPT OF RADIOLOGY 201 STATE STREET ERIE, PA 16550

PATIENT: BIEBEL, DAVID
ADDRESS: 104 AVERLON AVE APT 24
ERIE, PA 16509
AGE: 60Y SEX: M
BIRTHDATE: 04/02/1944

MEDICAL RECORD NO: 210219

ORDER NUMBER: 90003
DIAGNOSIS: FALL VICTIM, NECK, BACK, KNEE

ATTENDING DR: ,
ORDERING DR: PATTON, KENNETH

REASON FOR EXAM:
PAIN S/P FALL

HOSPITAL SVC: ERM
ROOM NO: EDW EDW025

ACCN: 2530654 C71
FLUORO TIME:
PATIENT NO: 240645994

RAD NO: 725647
TECH COMMENTS:

IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED
THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS REPORT IS PROHIBITED.

Preliminary - Not Reviewed by the Radiologist

Jun 29 2004 - RDD CSPINE MIN 3 VIEWS 90003

RESULT: CERVICAL SPINE:

Frontal and lateral projections in the cervical spine are presented for review. There is moderately severe spondylosis with disc space narrowing C3-4, C5-6 and C6-7. There is spondylosis with involvement of the vertebral bodies and posterior facets. There is loss of the normal lordosis which is a nonspecific finding and may be related to paraspinal spasm. If there is concern for stenosis or disc disease, MRI could prove useful. The tip of the dens and lateral masses of C1 are partially obscured on the anterior open mouth projection.

IMPRESSION:

MODERATELY ADVANCED SPONDYLOSIS. THERE IS DISC SPACE NARROWING AT SEVERAL LEVELS. THERE IS FACET ARTHROSIS PARTICULARLY ON THE RIGHT. NO EVIDENCE OF UNSTABLE BONY INJURY. THERE MAY BE AN ELEMENT OF PARASPINAL SPASM. NO SIGNIFICANT PREVERTEBRAL SOFT TISSUE SWELLING AT THIS TIME.

TRANSCRIBED BY: TLN, Jun 29 2004 4:11P
READING RADIOLOGIST: JOSEPH P NEDRESKY

HAMOT MEDICAL CENTER DEPT OF RADIOLOGY 201 STATE STREET ERIE, PA 16550
HAMOT MEDICAL CENTER 201 STATE STREET • ERIE, PENNSYLVANIA 16550

PATIENT: BIEBEL, DAVID
ADDRESS: 104 AVERLON AVE APT 24
ERIE, PA 16509
AGE: 60Y SEX: M
BIRTHDATE: 04/02/1944

MEDICAL RECORD NO: 210219

ORDER NUMBER: 90003
DIAGNOSIS: FALL VICTIM, NECK, BACK, KNEE

ATTENDING DR: ,
ORDERING DR: PATTON, KENNETH

REASON FOR EXAM:
PAIN S/P FALL

HOSPITAL SVC: ERM
ROOM NO:

ACC#: 2530654 C71
FLUORO TIME:
PATIENT NO: 240645994

RAD NO: 725647
TECH COMMENTS:

ED FILE COPY

IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED
THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS REPORT IS PROHIBITED.

Signed

Jun 29 2004 - RDD CSPINE MIN 3 VIEWS 90003

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TRANSCRIBED BY: TLN, Jun 29 2004 4:11P
READING RADIOLOGIST: JOSEPH P NEDRESKY

JPA

JUN-29-2004 16:12 FROM HAMOT RADIOLOGY

TO ED WEST

P.01/01

HAMOT MEDICAL CENTER DEPT OF RADIOLOGY 201 STATE STREET ERIE, PA 16550

PATIENT: BIEBEL, DAVID
ADDRESS: 104 AVERLON AVE APT 24
ERIE, PA 16509
AGE: 60Y SEX: M
BIRTHDATE: 04/02/1944

MEDICAL RECORD NO: 210219

ORDER NUMBER: 90004
DIAGNOSIS: FALL VICTIM, NECK, BACK, KNEE

ATTENDING DR: .
ORDERING DR: PATTON, KENNETH

REASON FOR EXAM:
PAIN S/P FALL

HOSPITAL SVC: ERM
ROOM NO: EDW EDW025

ACC#: 2530657 C71
FLUORO TIME:
PATIENT NO: 240645994

RAD NO: 725647
TECH COMMENTS:

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Preliminary - Not Reviewed by the Radiologist

Jun 29 2004 - RDD HIP RT INC PELVIS (TRAUMA) 90004

RESULT: RIGHT HIP:

Frontal film of the pelvis and two views of the right hip are presented for review. There is a linear metallic density approximately 2.5 cm in diameter which is seen posteriorly on the lateral view. I suspect this represents a metallic foreign body (needle) in his buttocks. Bony detail is obscured somewhat by stabilization device. I see no definitive evidence of acute bony fracture or dislocation on the views provided.

IMPRESSION:

NO ACUTE BONY ABNORMALITIES ARE SEEN AT THE RIGHT HIP AT THIS TIME. VASCULAR CALCIFICATION. THERE IS A LINEAR METALLIC FOREIGN BODY WHICH LIKELY REPRESENTS A NEEDLE IN THE BUTTOCKS. CORRELATE CLINICALLY.

STAT FAX REPORT

TRANSCRIBED BY: TLN, Jun 29 2004 4:05P
READING RADIOLOGIST: JOSEPH P NEDRESKY

HAMOT MEDICAL CENTER DEPT OF RADIOLOGY 201 STATE STREET ERIE, PA 16550
HAMOT MEDICAL CENTER 201 STATE STREET • ERIE, PENNSYLVANIA 16550

PATIENT: BIEBEL, DAVID
ADDRESS: 104 AVERLON AVE APT 24
ERIE, PA 16509
AGE: 60Y SEX: M
BIRTHDATE: 04/02/1944

MEDICAL RECORD NO: 210219

ORDER NUMBER: 90004
DIAGNOSIS: FALL VICTIM, NECK, BACK, KNEE

ATTENDING DR: ,
ORDERING DR: PATTON, KENNETH

REASON FOR EXAM:
PAIN S/P FALL

HOSPITAL SVC: ERM
ROOM NO:

ACC#: 2530657 C71
FLUORO TIME:
PATIENT NO: 240645994

RAD NO: 725647
TECH COMMENTS:

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Signed

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STAT FAX REPORT

TRANSCRIBED BY: TLN, Jun 29 2004 4:05P
READING RADIOLOGIST: JOSEPH P NEDRESKY

JUN-29-2004 16:03 FROM HAMOT RADIOLOGY

TO ED WEST

P.01/01

HAMOT MEDICAL CENTER DEPT OF RADIOLOGY 201 STATE STREET ERIE, PA 16500

PATIENT: BIEBEL, DAVID
ADDRESS: 104 AVERLON AVE APT 24
ERIE, PA 16509
AGE: 60Y SEX: M
BIRTHDATE: 04/02/1944

MEDICAL RECORD NO: 210219

ORDER NUMBER: 90005
DIAGNOSIS: FALL VICTIM, NECK, BACK, KNEE

ATTENDING DR: ,
ORDERING DR: PATTON, KENNETH

REASON FOR EXAM:
PAIN S/P FALL

HOSPITAL SVC: ERM
ROOM NO: EDW EDW025

ACC#: 2530660 C71
FLUORO TIME:
PATIENT NO: 240645994

RAD NO: 725647
TECH COMMENTS:

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Preliminary - Not Reviewed by the Radiologist

Jun 29 2004 - RDD KNEE RIGHT AP,LAT BOTH OBLIQUES 90005

RESULT: RIGHT KNEE:

STAT FAX REPORT

Four views of the right knee are presented for review. Overlying artifact obscures visualization somewhat. Bones are normal in alignment and contour. There is no direct evidence of acute fracture or dislocation. If there is concern for internal derangement, MRI might prove useful. Joint spaces are adequately defined. Incidental note is made of vascular calcification.

IMPRESSION:

NO ACUTE BONY ABNORMALITIES ARE SEEN ABOUT THE RIGHT KNEE AT THIS TIME.
CONSIDERATIONS FOR FOLLOW-UP AS ABOVE.

TRANSCRIBED BY: TLN, Jun 29 2004 3:56P
READING RADIOLOGIST: JOSEPH P NEDRESKY

HAMOT MEDICAL CENTER DEPT OF RADIOLOGY 201 STATE STREET ERIE, PA 16550
HAMOT MEDICAL CENTER 201 STATE STREET • ERIE, PENNSYLVANIA 16550

PATIENT: BIEBEL, DAVID
ADDRESS: 104 AVERLON AVE APT 24
ERIE, PA 16509

AGE: 60Y **SEX:** M
BIRTHDATE: 04/02/1944

ATTENDING DR: ,
ORDERING DR: PATTON, KENNETH

HOSPITAL SVC: ERM
ROOM NO:

RAD NO: 725647
TECH COMMENTS:

MEDICAL RECORD NO: 210219

ORDER NUMBER: 90005
DIAGNOSIS: FALL VICTIM, NECK, BACK, KNEE

REASON FOR EXAM:
PAIN S/P FALL

ACC#: 2530660 C71
FLUORO TIME:
PATIENT NO: 240645994

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Signed

Jun 29 2004 - RDD KNEE RIGHT AP,LAT BOTH OBLIQUES 90005

RESULT: RIGHT KNEE:

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CONSIDERATIONS FOR FOLLOW-UP AS ABOVE.

TRANSCRIBED BY: TLN, Jun 29 2004 3:56P
READING RADIOLOGIST: JOSEPH P NEDRESKY



